Attachment

Instructions and Formats

STANDARD CANCER CENTER INFORMATION SUMMARIES

June 16, 1997

Information is required from all applicants, which is referred to as Standard Cancer Center Information, that is fundamental to the consistent and thorough peer review evaluation of all new (Type 1) and renewal (Type 2) competing continuation CCSG applications and is important to the NCI's Cancer Centers Administrative Profile Database used to produce summary reports on the Cancer Centers Program. The attached instructions and example summary formats provide guidance to applicants submitting competing and non-competing continuation applications as follows:

1. For competing continuation applications, complete Summaries 1, 2, 3 and 4. (See Part III, 6.0 of the CCSG Guidelines).

2. For non-competing continuation applications, complete only Summaries 1, 2 and 4. (See Part IV, B.4 of the CCSG Guidelines)

The Standard Cancer Center Information consists of four summaries of information as noted.

Cancer Centers Branch
Division of Cancer Treatment, Diagnosis, and Centers
National Cancer Institute

SUMMARY 1: CANCER CENTER RESEARCH PROGRAMS, MEMBERS AND SHARED RESOURCES

INSTRUCTIONS

Using the Example Format for Summary 1, Table A, as a guide, provide the information requested for each established research Program of the cancer center, listing the name and title of the Program Leader. A unique reference code, e.g. 01, 02, etc. should be assigned to each Program for use on Summary 2, and the code should be indicated here. Since individual members of Programs are to be listed with the description of each Program in competing applications, the list need not be repeated here.

In Table B, provide the total number of programmatically aligned members, the total number of non-programmatically aligned members, and the grand total of all center members.

In Table C, list the full name of the approved shared resources of the cancer center, the name and title of the resource director, and select one or more categories for each shared resource from the list on page 4.

EXAMPLE FORMAT FOR **SUMMARY 1**
CANCER CENTER RESEARCH PROGRAMS, MEMBERS AND SHARED RESOURCES

TABLE A: RESEARCH PROGRAMS, LEADERS AND CODES

CODE	RESEARCH PROGRAM TITLE	Program Leader	Total # Members (inc. Leader)
01	Cancer Biology	Brown, J. H., Ph.D.	8
02	Cancer Immunology	Gillis, Tracey, M.D.	5
Etc.			
ZY	Non-Programmatically Aligned Members	N/A	15

TABLE B: SUMMARY INFORMATION - CANCER CENTER MEMBERS

Type of Member	Total Number*
Programmatically Aligned Members* (Individuals)	
Non-Programmatically Aligned Members (Individuals)	
Grand Total - Total Number of Center Members (Individuals)	

* Should reflect the number of programmatically aligned individuals, i.e., members aligned with more than one program should be included only once in this total.

TABLE C: SHARED RESOURCES, RESOURCE DIRECTORS, AND CATEGORIES

Name of Shared Resource*	**Resource Director**	Category (see attached)

* CCSG supported shared facilities only

Categories of Shared Resources

Assign each shared resource with one or more 3-digit numbers to indicate the applicable categories and subcategories.

Category 1. Laboratory Science
Subcategories
1.01 Biochemical Analysis
1.02 General Animal Facility
1.03 Transgenic Facility
1.04 Special Breeding
1.05 Animal Health (Pathology/Histology)
1.06 Animal Health (QC)
1.08 Specific Pathogen Free
1.08 Specific Pathogen Free (Barrier Animal Facility)
1.09 Nude Mouse
1.10 Specialized Animal Svcs (Irradiation)
1.11 Biohazard Control
1.12 Organic & Synthetic Chemistry
1.13 Chromatography
1.14 Cytology-Analytic & Immunologic
1.15 Cytogenetics
1.16 Genetics
1.17 Electron Microscopy
1.18 Flow Cytometry
1.19 Cyclotron or Radiolabeling
1.20 Molecular Biology
1.21 Nucleotide Sequencing
1.22 Protein & Peptide Sequencing
1.23 Monoclonal Antibodies
1.24 NMR
1.26 MRI
1.27 Spectrometry, Other (Specify)
1.28 Radiobiology
1.29 Oligonucleotide Synthesis
1.30 Protein/Peptide Synthesis
1.31 Toxicology/Mutagenesis Testing
1.33 Confocal Microscopy
1.34 Xray Diffraction

Category 2: Laboratory Support
Subcategories
2.01 General or Equipment Repair
2.02 Machine Shop
2.03 Glassware Washing
2.04 Illustration/Photography/Typeset
2.05 Receiving/Storeroom/Bldg Services
2.06 Shared Equipment/Instruments
2.07 Tissue Culture
2.08 Media Preparation
2.10 Other (Define)

Category 3: Epidemiology, Biostatistics, Data Management, Cancer Control
Subcategories
3.01 Cancer Control
3.02 Computer and Data Resources
3.03 Biostatistics & Epidemiology
3.04 Other (Define)

Category 4: Clinical Research
Subcategories
4.02 Clinical Trials Protocol Management/ Data Management
4.03 Clinical - Other
4.04 Pharmacology (Animal)
4.05 Pharmacology (Lab Tests)
4.06 Human Tissue Acquisition & Pathology/Histology
4.07 Other (Define)

Category 5: General
Subcategories
5.01 Library
5.02 Seminar Series
5.03 Other (Define)

Category 6: Administrative
6.01 Secretarial-Word Processing

Category 7: Miscellaneous
7.01 (Define)

SUMMARY 2, PART I: EXISTING FUNDED PROJECTS.

INSTRUCTIONS

Following the Example Format for Summary 2, list all of the existing funded projects competitively awarded by external sources to the parent institution (i.e., for matrix centers, the fiscally responsible institution of which the cancer center is a part). If more than one institution is an integral part of the cancer center (see CCSG Guidelines, Part I, 4.0 and Part II, 2.1.2), provide a Summary 2 for each institution.

This is to be a complete list in two parts: 1) existing funded research projects in alphabetical order by Principal Investigator's last name; and 2) training and career development grants in alphabetical order by Principal Investigator's last name. This list should not be differently sorted or grouped, such as by research Program or funding agency, except as a secondary sorting if desired.

The date of preparation should be noted in the upper right hand corner of the page and the list of funded projects in this summary should reflect all active projects at the cancer center as of the date of preparation of the report. For each project, list the principal investigator (PI); funding source (e.g. NCI, NIAID); complete project number with prefix and suffix showing the current grant year (e.g., 5R01 CA12345-03, 2N01 CA01234-12); full project period (e.g., 1 yr...3 yr...5 yr...7 yr) and the full project title.

Identify the CCSG approved research Program(s) to which each project belongs in the 'prg code' column using the codes from Summary 1. For individual projects split among two or more research Programs, list the grant in separate records for each Program code to which the project is assignable, with the code in the 'prg code' column, and the proportion attributable to the Program in the '% prg' column. List once, in the first record only, the total direct costs of the grant in the 'dir cost' column and the total costs (direct plus indirect) in the 'total' column. For the last two columns, and for each record, calculate the proportional amounts of direct and total costs attributable to the Program. The "j.h. brown" grant in the example format demonstrates how a split project is to be handled.

Note that the sum of the percentages and dollars of any project assigned to different programs should not exceed 100%. However, there may be situations in which only part of a project is carried out within the cancer center, in which case only the cancer center portion should be shown, and the total percentage for such a project will be less than 100%.

For other types of projects, use a miscellaneous category "ZY" to list any funded research projects not carried out as part of a formal Program and/or any projects or parts of projects that have not otherwise been assigned to approved research Programs. The category "ZY" should be used for all other miscellaneous project assignments and such as instrumentation grants or a Cancer Information Service contract. List the cancer center support grant itself under a separate category labeled "ZC".

For each project provide the direct costs and total costs (direct and indirect) funded for the current year. If an award consists of multiple projects, e.g. a P01, then each assignable project should be listed with the name of the PI/ name of the project leader as shown in the example format. Support provided by the P01 for "administrative support" on the P01's "administrative core" may be assigned to the appropriate Program or to the miscellaneous category "ZY." Follow the example format for P01 subprojects and principal investigators of the subprojects.

Using the same procedure as above, list all training awards and research career development awards at the end with the code "**T**," regardless of the source or type, including the F, K and T series NIH grants.

EXAMPLE FORMAT FOR SUMMARY 2, PART I
EXISTING FUNDED PROJECTS

Preparation date

PI	FUND SOURCE	GRANT NUMBER	PROJECT PERIOD	TITLE	PRG CODE	% PRG	DIR COST	TOTAL	PRG AMT (DIR)	PRG AMT (TOTAL)
Projects										
e.g. BROWN, J.H.	NCI	5R01 CA99999-99	3/01/90-2/29/95	THE PERFECT CANCER GRANT	1	50	100000	190000	50000	95000
BROWN, J.H.	NCI	5R01 CA99999-99	3/01/90-2/29/95	THE PERFECT CANCER GRANT	4	50			50000	95000
CHUNG, H.K.	NCI	5N01 CA01234-8	9/01/91-8/31/95	PATTERNS OF CARE FOR MELANOMA	8	100	56065	91765	56065	91765
e.g. P01										
STEIN /STEIN	NCI	1P01 CA12345-01	9/01/91-8/31/94	PATHOLOGY OF COLORECTAL CANCER			783000	1400000		
STEIN /STEIN	NCI	1P01 CA12345-01	9/01/91-8/31/94	PATHOLOGY OF COLORECTAL CANCER/Admin. Fund P01	ZY	5			39150	70000
STEIN/STAMPLER	NCI	1P01 CA12345-01	9/01/91-8/31/94	Project 1: FUNCTION OF CEA	5	100			234900	420000
STEIN/DOLNER, P.B.	NCI	1P01 CA12345-01	9/01/91-8/31/94	Project 2: COLORECTAL CARCINO-MA DIFFERENTIATION	7	100			234900	420000
STEIN/PATRICK, C.L.	NCI	1P01 CA12345-01	9/01/91-8/31/94	Project 3: BIOLOGICAL MARKERS	12	100			156600	280000
					Total		1839065	1681765	821615	1471763
Training & Career Develop-ment Awards					**T**					
BAKER, M.E.	NICHD	1K08 HD00099-01A1	7/01/91-6/30/96	IMMUNE VASCULAR INJURY	**T**	100	61830	66776	61830	66776
					Total		61830	66776	61830	66776

PI= Principle Investigator
FUND SOURCE= Funding Source i.e. NIH, NICHD
GRANT NUMBER= Full Grant Numb er, i.e 1R01 CA99999-99
PROJECT PERIOD (Full 3 to 5 year comprehensive segment of the grant)
TITLE= Title of the project
DIR COST= Direct Costs (current yr) This number appears only once per grant. It is used to calculate Program Amt (dir).
Total Costs (current Yr) This number appears only once per grant. It is used to calculate Program Amt (total).
Place * at PIs name if Senior Leadership Funds are requested for that PI
Optional P01 (see instructions)

PROG CODE= Program Code
% PRG= % to Program

SUMMARY 2, PART II: SUMMARY OF EXISTING FUNDED PROJECTS

INSTRUCTIONS

Provide the information requested which summarizes the number and type of grants and contracts listed on Part I of Summary 2. List the total number of projects, the sum of direct costs and the sum of total costs (direct plus indirect) for each major funding agency category as follows: NCI, ACS, NSF, other Peer Reviewed (as defined by NCI in Part II, 3.1.1 of the CCSG guidelines) and Non Peer Reviewed. Provide subtotals where indicated.

EXAMPLE FORMAT FOR SUMMARY 2, PART II:
SUMMARY OF EXISTING FUNDED PROJECTS

II. SUMMARY OF EXISTING FUNDED PROJECTS (as of preparation date).

Funding Agency (Source)	Total Number of Projects	Sum of Direct Costs	Sum of Total Costs (Dir+Indir)
NCI			
Other NIH			
ACS			
NSF			
Other Peer Reviewed*			
Subtotal of Peer Reviewed			
Non Peer Reviewed			
Grand Total (All Projects)			

* Peer Reviewed as defined by NCI, See Part II, 3.1.1
of the Interim Cancer Center Support Grant Guidelines

SUMMARY 3: PATIENTS.
INSTRUCTIONS

This section requests information about the numbers of cancer patients treated at the cancer center. The information is summary information only, and should not include individual patient identifiers. The information is intended to convey an idea of what kind of cancer patients are being treated at the cancer center and how well the cancer center is doing in accruing patients to clinical trial protocols. This information bears upon the reviewers' consideration of the clinical research activities of the cancer center.

Provide Summary 3 information (total numbers of patients, patients by cancer site, and patients on research protocols by cancer site), for each of the following, as applicable to your Center::

1. For the primary research hospital under the direct governance of the institution(s) that represent the cancer center. If there is more than one primary research hospital, present a separate summary for each.

2. For each major traditional affiliate hospitals or health centers (e.g. children's hospital, VA hospital) under separate governance that are historically stable intellectual partners with the center in the design of protocols and in accrual of patients to clinical protocols.

3. One consolidated summary for any group of hospitals/health centers/health care systems under separate governance that do not participate in the design of protocols but do contribute to the accrual of patients to clinical protocols, although this may not be as stable or reliable on a regular annual basis.

-**Reporting Period.** Define the 12-month period for which data is being provided for Summary 3: Patients. This period should be the most recent 12-month period possible. The same reporting period should be used for all sections, I, II and III of this summary.

-**Reportable Patient.** Includes patients coming to the cancer center and registered at the cancer center for treatment, whether as inpatients or outpatients, during the selected reporting period. This attempts to capture the numbers of **individuals** coming to the cancer center, as opposed to numbers of visits. All patients registered at the cancer center should be counted regardless of whether they have a newly diagnosed cancer which was diagnosed at the center or outside the center, or have recurrent disease and are being "referred" to the cancer center for further evaluation and primary or secondary treatment after the start date of selected reporting period. This category excludes consults (e.g. for service or second opinions), diagnoses at autopsy, and former patients admitted for rehabilitation purposes or treatment of some other conditions. It also excludes patient follow up activities after treatment is completed.

-**New Patients are those** that are seen **for the first time at the cancer center for treatment** (initial assignment of a hospital or outpatient clinic number) **during the selected reportingperiod.** Counting a patient in this category indicates that the patient's first admission to the cancer center for the particular cancer occurred during the selected reporting period.

-**Previously Treated Patients** are those that have been **previously registered** as a hospital or outpatient clinical patient **at the cancer center at a point in time prior to the selected**

reporting period, but who are still under treatment during the selected reporting period. This excludes patient follow up activities after treatment has been completed.

I. Summary 3, Part I, General Patient Information

A. In Summary 3, Part I, A, list the total number of "new" and "previously treated" patients at the cancer center for the selected reporting period. Each person is **counted only once** during the selected reporting period, even if the patient returns for multiple visits during that period for treatment or follow up evaluations. Of these estimate how many were treated as inpatients and how many were treated as outpatients. If an individual was treated as both an inpatient and an outpatient during the reporting period, then count that individual only once in the inpatient category.

B. In Summary 3, Part I, B, list the total number of "new" patients seen at the cancer center for treatment during the selected reporting period. This number is a subset of the number reported in Part I.A. It is an index of the frequency of new patients coming to the center on average per year, representing an "incidence" rate for the cancer center. Of these estimate how many were treated as inpatients and how many were treated as outpatients. If an individual was treated as both an inpatient and an outpatient during the reporting period, then count that individual only once in the inpatient category.

II. Summary 3, Part II, New Patients By Site

For reporting the numbers of patients by anatomical site of cancer, use the category conventions of the International Classification of Diseases for Oncology (ICD-O). The codes for these classifications are provided on Attachment 2, with cross references to the new ICD-O codes published in 1990. Provide the total number, both inpatients and outpatients, of **new** cancer patients at the institution by site (see definition of "new" patient above). The sum of patients listed in this part by anatomical site should equal the number cited in Summary 3, Part I, B New Patients.

III. Patients on Therapeutic Protocols by Site

List the number of patients, both inpatients and outpatients, participating in **therapeutic** research protocols **by site** for the same reporting period selected on page 1 of this summary. These patients should be divided between new patients and those previously treated but seen again during the selected reporting period, and these should be further divided according to those on national protocols versus local protocols (National protocols are multi-institutional trials in which the center is a participant; local protocols are those conducted by the cancer center primarily in its catchment area). Refer to the Example Format for Summary 3 for the method by which to present this information. Please note that Parts II and III now appear adjacent to one another on the same Summary. Also, Parts I and II attempt to capture the number of "individuals" i.e. with including any one individual not more than once. In contrast, Part III may include a patient more than once in those instances in which the patient is on more than one therapeutic protocol during the reporting period.

EXAMPLE FORMAT FOR SUMMARY 3

PATIENTS

I. GENERAL PATIENTS INFORMATION

NAME OF INSTITUTION: _____

(If more than one institution is involved, provide a separate summary for each one.)

Provide the following information for the most recent 12 month period for which information is available (_____to _____) for the institution. See Attachment 2 for definitions of a reportable cancer and a reportable patient.

A. The total number of patients, both inpatients and outpatients, treated for cancer at the institution. Include both new and those previously treated in a previous reporting period but seen again during the reporting period selected. [1]

   Inpatient _____

   Outpatient _____

   TOTAL _____

B. The total number, both inpatients and outpatients, of new cancer patients at the institution (seen for the first time at the institution for treatment) during the reporting period selected.[5]

   Inpatient _____

   Outpatient _____

   TOTAL _____

[1] See Attachment 1 for definitions of a reportable cancer and reportable patient. See Attachment 2 for ICD-O codes and cross references to new codes.

EXAMPLE FORMAT FOR SUMMARY 3, PARTS II AND III

II

III

	New Patients	Numbers of Patients on Therapeutic Protocols			
	Total New Patients	New Patients on Protocols		Previously Treated Patients on Protocol	
Disease Site		National	Local	National	Local
Buccal Cavity and Pharynx					
Esophagus					
Stomach					
Small Intestine					
Colon					
Rectum					
Anus					
Liver					
Pancreas					
Other Digestive Organ					
Larynx					
Lung					
Other Respiratory and Intrathoracic Organs					
Bones and Joints					
Soft Tissue					
Melanoma, skin					
Kaposis sarcoma					
Mycosis Fungoides					
Other Skin					
Breast - Female					
Breast - Male					
Cervix					
Corpus					
Ovary					
Other Female Genital					
Prostate					
Other Male Genital					
Urinary Bladder					
Kidney					
Other Urinary					
Eye and Orbit					
Brain & Nervous System					
Thyroid					
Other Endocrine System					
Non-Hodgkins Lymphoma					
Hodgkins Lymphoma					
Multiple Myeloma					
Lymhpoid Leukemia					
Myeloid Leukemia					
Monocytic Leukemia					
Leukemia, not otherwise specified					
Other Hematopoietic					
Unknown Sites					
Ill-defined Sites					
Total :					

SUMMARY 4: CLINICAL RESEARCH PROTOCOL INFORMATION. INSTRUCTIONS

Follow the Example Format for Summary 4. Protocols should be listed by Research Program (again reflecting the title of the research program and its designated code from Summary Format 1).

Protocols should then be sub-divided into National Group Protocols (ECOG, SWOG, etc.), other Externally Peer Reviewed Protocols, Institutional Protocols, and Industrial Protocols.

Provide a list of all active protocols as of date of preparation of this report. State the date of preparation, organize by funding mechanism: i.e., National, Other Peer Reviewed, Institutional, or Industrial. Provide the full grant/contract number and any other "protocol number" used to identify the protocol and the full title of the protocol, and a one or two line description of the protocol. Give the date the protocol was opened, the targeted total accrual, the total number of patients accrued to date of this report preparation, and the number of patients entered within the 12 month period just prior to the date of this report.

For participation in any cooperative groups, National (NCI-supported) or other multi-institutional trials, in lieu of the targeted total accrual for the overall study, instead provide an estimate of the total number of patients that your institution will accrue to the study for a 12 month reporting period. Denote these figures with a symbol and in the legend explain that these figures represent as estimate for your institution's contribution to a multi-institutional cooperative group.

In addition, it is important to identify with a symbol and footnote any protocols that fall into the area of cancer prevention and control; this information is germane to the peer review of the application.

EXAMPLE FORMAT FOR SUMMARY 4

CLINICAL RESEARCH PROTOCOLS

Date Prepared _____

List by Program

PROGRAM NAME #							PROGRAM CODE:
National Group Protocols (ECOG, SWOG, etc.)							
GRANT & PROTOCOL NUMBER	PI	TITLE	DATE OPENED	TARGET ACCRUAL	TOTAL ACCRUED	TOTAL/PERIOD	PHASE OF TRIAL (i.e. I, II, III)
Externally Peer Reviewed Protocols							
GRANT & PROTOCOL NUMBER	PI	TITLE	DATE OPENED	TARGET ACCRUAL	TOTAL ACCRUED	TOTAL/PERIOD	PHASE OF TRIAL (i.e. I, II, III)
Internally Reviewed Institutional Protocols							
GRANT & PROTOCOL NUMBER	PI	TITLE	DATE OPENED	TARGET ACCRUAL	TOTAL ACCRUED	TOTAL/PERIOD	PHASE OF TRIAL (i.e. I, II, III)
Industrial Protocols							
GRANT & PROTOCOL NUMBER	PI	TITLE	DATE OPENED	TARGET ACCRUAL	TOTAL ACCRUED	TOTAL/PERIOD	PHASE OF TRIAL (i.e. I, II, III)

_____

NOTE: Place the title of each protocol on the line under the grant or protocol number and other information. Other formats for presentation of this information is acceptable, providing the four specified categories of protocols are separate, and all information requested is included.

NOTE: Designate cancer prevention and control protocols or protocols with a significant cancer prevention and control component with an asterisk or other symbol.

*Cancer Prevention
**Cancer Control

Attachment 1

DEFINITION OF REPORTABLE CANCER AND REPORTABLE PATIENTS

It is important that the centers adopt a uniform policy regarding which patients are reported. This will ensure that the descriptions of the patient populations at the various centers are consistent, accurate and comprehensive. It would make little sense if one center were to submit data only on highly selected groups enrolled in specific protocol studies, while another reported on any cancer patient who received diagnostic or therapeutic services at the center. The question as to which cancer patients satisfy the definition may be addressed in two parts: reportable cancers and reportable patients.

A. Reportable Cancers

Determination of whether or not a given primary tumor is reportable is made by reference to the morphology codes (M-codes) of the ICD-0. In addition to a four digit specification of the particular histologic type of the tumor, these codes contain a fifth digit to describe its pathologic behavior, as follows:

0 - Benign
1 - "Borderline," uncertain whether benign or malignant
2 - Carcinoma in-situ
3 - Malignant, primary site

Cancers which are reportable are all those for which the fifth digit of the M-code terminates in "2" or "3." Cases of superficial basal and/or squamous cell neoplasms of the skin (i.e., ICD-0 codes T-173 with M-8050 through M-8110) are not to be reported. Thus, the system includes only primary tumors which are frankly malignant, excluding benign neoplasms and those of borderline malignancy.

B. Reportable Patients

The question as to which patients are reportable is closely related to the cancer center's self-definition, and it is recognized that this varies considerably from place to place. In some cases the center is synonymous with a single institution which specializes in the diagnosis and treatment of cancer; other centers consist of the cancer units within a larger hospital, such as a university medical hospital, in which patients having many different diseases are seen; and for still others the cancer "center" involves a consortium of hospitals or institutions which have developed an integrated cancer program.

For centers which are limited to a single hospital, whether or not it specializes in cancer, a reportable patient is an individual with a reportable cancer who is seen face-to-face at the hospital, either as an inpatient or an outpatient, and who is assigned a hospital or outpatient clinic number. The cancer need not have been diagnosed at the center, and may indeed represent a case of recurrent or late metastatic disease referred for therapy, i.e., a referral patient. As recommended by the American College of Surgeons, all patients who are diagnosed as having a malignant neoplasm, even if not microscopically confirmed, and who are seen at the center, must be accessioned and reported. Patients previously treated outside the center who are clinically free of disease but who are admitted to the center for adjuvant or prophylactic anti-cancer therapy, are registered provided that admission occurs within two months of the initiation of treatment. It is understood that the center intends to maintain follow-up of registered patients at periodic intervals, as is consistent with good medical practice.

This definition excludes "consult only" cases which involve only indirect services such as review of pathology slides or x-ray films, in which instances the patient is ordinarily not assigned a hospital or outpatient number. It also excludes cases diagnosed at autopsy and former cancer patients with no evidence of residual disease who are admitted for rehabilitation purposes or for treatment of some other condition. Similarly excluded are patients admitted for biopsies or other diagnostic procedures for whom the final diagnosis is not of malignant disease.

A similar definition prevails in the case of a center made up of several affiliated institutions. Here the key criterion, however, is whether agreements with the affiliates are sufficiently strong so as to guarantee that all their cancer patients will be reported to the center's registry and followed up. This would usually be the case, for example, with a children's hospital affiliated with a general university hospital provided that the children's hospital had agreed to submit data on all cancer patients to the center registry. It would not apply to "satellite" institutions which submitted only a portion of their cancer patient population, or to patients whose only contact with the center was by virtue of being enrolled on protocol studies organized among community practitioners by center staff. These latter two patient categories allow too great a degree of selectivity in the type of patient registered.

C. New Patients

All new patients are reported for whom the first admission to the center for the particular cancer, whether as an inpatient or an outpatient, occurs for the reporting period selected for this application. This includes cases diagnosed earlier outside the center, but referred to the center for primary or secondary treatment after the starting date of the reporting period. It excludes patients who were already seen at the center before the starting date for the particular cancer in question.

D. Previously Treated Patients

All previously treated patients are those for whom the first admission to the center for the particular cancer, whether as an inpatient or outpatient, occurred prior to the reporting period selected for this application, but remain under treatment during this reporting period. It excludes patient follow up activities after treatment is completed.

Attachment 2

ICD-O[2] CODES and Cross References to NEW 1990 Codes to be used with Summary 3, Patient Information

PRIMARY DISEASE SITE	ICD-9-CM	ICD-O-2
Buccal Cavity and Pharynx	140.0-140.9, 141.0-141.9, 143.0-143.9, 142.0-142.9, 144.0-145.9, 146.0-146.2, 148.1, 149.0-149.9, 146.3-148.0, 148.2-148.9,	C00.0-C00.9, C01.9-C02.9, C03.0-C03.9, C04.0-C09.9, C12.9,C14.0-C14.8, C10.0-C11.9, C13.0-C13.9
Esophagus	150.0-150.9	C15.0-C15.9
Stomach	151.0-151.9	C16.0-C16.9
Small Intestine	152.0-152.9	C17.0-C17.9
Colon	153.0-153.9	C18.0-C18.9
Rectum	154.0-154.1	C19.9-C20.9
Anus	154.2-154.8	C21.0-C21.8
Liver	155.0-155.1	C22.0-C22.1
Pancreas	157.0-157.9	C25.0-C25.9
Other Digestive Organ	156.0-156.9; 159.0-159.9	C23.9,C24.0-C24.9, C26.0 - C26.9
Larynx	161.0-161.9	C32.0-C32.9
Lung	162.2-162.9	C34.0-C34.9
Other Respiratory and Intrathorastic Organs	160.0-160.9, 162.0, 163.0-163.9, 164.0-165.9,	C30.0-C31.9, C33.9, C37.9, C38.0-C39.9,
Bones and Joints	170.0-170.9	C40.0-C41.9
Soft Tissue	171.0-171.9, 158.0-158.9,	C47.0-C47.9, C48.0-C48.8, C49.0-C49.9
Melanoma, skin	172.0-172.9	C44.0-C44.9 with [3]M8720-8790
Kaposis sarcoma	[4]176.0-176.9,042.2	M9140
Mycosis Fungoides	202.1-202.2	M9700-9701
Other Skin	[10]173.0-173.9	C44.0-C44.9
Breast - Female	174.0-174.9	C50.0-C50.9
Breast - Male	175.0,175.9	C50.0-C50.9

2 ICD-O Second Edition, 1990

3 Morphology

4 In the latest ERRATA for the ICD-9-CM, for discharges dated 10/1/91 and later, Kaposi's sarcoma is classified under the newly created codes of 176.0-176.9 (first 3 digits reflect the diagnosis of Kaposi's; 4th digit represents the specific site of origin). If AIDS is present, 042.2 (AIDS with associated malignancy) would be coded also. Prior to 10/1/91 Kaposi's was coded to the site of origin 140.0-194.9 with the majority falling into 173.0-173.9 (other malignant neoplasm of the skin). Therefore, it is impossible to cleanly retrieve Kaposi's cases from a database unless the morphology is also coded. Hospitals do not typically code morphology.

PRIMARY DISEASE SITE	ICD-9-CM	ICD-O-2
KCervix	180.0-180.9	C53.0-C53.9
Corpus	182.0-182.8, 179	C54.0-C54.9, C55.9
Ovary	183	C56.9
Other Female Genital	181, 183.2-184.9	C51.0-52.9, C57.0C57.9-58.9
Prostate	185	C61.9
Other Male Genital	186.0-187.9	C60.0-C60-9, C62.0-C63.9
Urinary Bladder	188.0-188.9	C67.0-C67.9
Kidney	189.0-189.1	C64.9, C65.9
Other Urinary	189.2-189.9	C66.9 C68.0-68.9
Eye and Orbit	190.0-190.9	C69.0-C69.9
Brain and Nervous System	191.0-192.9	C70.0-72.9
Thyroid	193	C73.9
Other Endocrine System	194.0-194.9	C74.0-C75.9
Non-Hodgkins Lymphoma	200.0-200.8, 202.0,202.8	M959,M967-969, M9702-9709, M9711-9714
Hodgkins Lymphoma	201.0-201.9	M965-966
Multiple Myeloma	203.0, 203.1	M9732
Leukemia, not otherwise specified	202.4, 203.1, 204.2-204.9, 205.2-205.9, 206.2-206.9, 207.0-207.8, 208.2-208.9,	C42.1 with M9800- M9804, M9804, M9820, M9822, M9824-9827 , M9830, M9840-9842, M9850, M9860, M9862, M9864, M9870, M9880, M9890, M9892, M9894, M9900, M9910, M9930-9932, M9940-9941,
Lymphoid Leukemia	204.0-204.9	C42.1 with M9820-9827
Myeloid Leukemia	205.0-205.9	C42.1 with M9860-9868
Monocytic Leukemia	206.0-206.9	M9890-9894
Other Hematopoietic	202.3, 202.5-202.6, 202.9, 203.8, 238.6-238.7	M9720, M9722, M9723, M9731, M974, M9760, M9761-9764, M9931, [5]C42.0-C42.4, C77.0-C77.9
Unknown Sites	199.0-199.1	C80.9
Ill-defined Sites	195.0-195.8	C76.0-76.8

5 Includes these sites if the morphology is other than those specified in this or other categories

Summary 5: Standard Cancer Center Information

Summary of CCSG Budget - Comparison of Current Budget with Requested Budget

Instructions

Peer reviewers have requested information to be included in the application showing a comparison of the current CCSG budget to the first year requested budget in the renewal application. Using the attached format as a guide, provide the current CCSG budget (middle column), and the requested budget for the first year of the renewal application (right column) for each major budget category listed on the left. List the shared resources individually, as shown in the examples. Developmental funds may be further subcategorized into recruitments, interim support, pilot projects, and new shared resources, if desired. Show a sum of the total direct costs at the bottom of the chart.

The current budget, including the budget for each category and total direct costs, should reflect the last full year of the current competitive segment as submitted in the type 5 application and/or as detailed in the notice of award for that period, exclusive of carryover funds and supplements. The direct cost figures should include any third party indirect costs, since these are charged as direct costs to the CCSG.

Provide this information in the application as part of the Standard Cancer Center Information Summaries, (see Part III, Section 6.0), adding this format as Summary 5. Part III, Section 6.0 will be formally revised to include this section in the next iteration of the guidelines.

SUMMARY 5

SUMMARY OF CCSG BUDGETS

COMPARISON OF CURRENT BUDGET WITH REQUESTED BUDGET

CCSG BUDGET CATEGORY		SUMMARY OF DIRECT COSTS CURRENT BUDGET * LAST (FULL) YEAR OF CURRENT COMPETITIVE SEGMENT	 REQUESTED BUDGET FIRST YEAR OF COMPETITIVE RENEWAL APPLICATION
PROFESSIONAL PERSONNEL Senior Leadership Major Program Directors Staff Investigators Subtotal ADMINISTRATION PLANNING & EVALUATION SHARED RESOURCES & SERVICES Examples: Animal Facility Flow Cytometry Shared Resource Electron Microscope Shared Resource Etc. Subtotal PROTOCOL REVIEW AND MONITORING SYSTEM PROTOCOL -SPECIFIC RESEARCH SUPPORT DEVELOPMENTAL FUNDS			
TOTAL DIRECT COSTS			

*** Exclusive of Carryover Funds and Supplements and Inclusive of third party indirect costs**